

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0009563

DOCUMENT # 736928

1. Entity Name

APALACHEE BAY VOLUNTEER FIRE DEPARTMENT, INC.

00 MAY -1 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1448 SHELL PT RD  
CRAWFORDVILLE FL 32327  
US

1448 SHELL PT RD  
CRAWFORDVILLE FL 32327-4602  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2503586

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACQUES, JEFFREY M  
1448 SHELL PT ROAD  
CRAWFORDVILLE FL 32327

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME LOWHORN, MICHAEL  
STREET ADDRESS 1448 SHELL PT. RD.  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME BLANCHARD, JOE  
STREET ADDRESS 1448 SHELL PT RD  
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MANELY, RAYANNE  
STREET ADDRESS 1448 SHELL PT RD  
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE ☐ Change ☐ Addition  
NAME 400003232874-8  
STREET ADDRESS -05/01/00--01032--008  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE P ☐ Delete  
NAME JACQUES, JEFFREY M  
STREET ADDRESS 1448 SHELL PT RD  
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME RIDNER, JACK  
STREET ADDRESS 1448 SHELL PT. RD.  
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE VP ☐ Change ☒ Addition  
NAME Campbell, Jody  
STREET ADDRESS 121 Royster, Dr.  
CITY-ST-ZIP Crawfordville, FL 32327

TITLE T ☐ Delete  
NAME DELLA, FLOWERS H  
STREET ADDRESS 74 OCEAN VIEW DR.  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2000 926-8381

CR2E037 (9/99)